

Amendment No. 1 to SB1170

Bailey  
Signature of Sponsor

**AMEND Senate Bill No. 1170\***

**House Bill No. 1457**

by deleting all language after the enacting clause and substituting:

SECTION 1. Tennessee Code Annotated, Section 55-21-113, is amended by deleting the section and substituting:

(a) A nurse practitioner licensed under title 63, chapter 7, has the same authority that a physician has under this part to issue certified statements of disability or deafness to accompany the application of disabled or deaf persons to obtain the appropriate registration, license plates, placards, and decals from the department, as described in this part, only if the authority is expressly included in the written protocol developed jointly by the supervising physician and the nurse practitioner, setting forth the range of services that may be performed by the nurse practitioner.

(b) A physician assistant licensed under title 63, chapter 19, has the same authority that a physician has under this part to issue certified statements of disability or deafness to accompany the application of disabled or deaf persons to obtain the appropriate registration, license plates, placards, and decals from the department, as described in this part.

SECTION 2. Tennessee Code Annotated, Section 56-7-1004(a), is amended by deleting "physician assistant under the physician's supervision" wherever it appears and substituting "physician assistant".

SECTION 3. Tennessee Code Annotated, Section 63-1-160(c), is amended by deleting "or physician assistant" wherever it appears.

SECTION 4. Tennessee Code Annotated, Section 63-6-243(b)(1), is amended by deleting the subdivision and substituting the following:

(1) Hormone replacement therapy must be performed by a physician licensed under this chapter or chapter 9 of this title or a physician assistant licensed pursuant to chapter 19 of this title, or must be delegated by the physician to a certified nurse practitioner licensed pursuant to chapter 7 of this title; and

SECTION 5. Tennessee Code Annotated, Section 63-6-802(9), is amended by deleting the subdivision and substituting the following:

(9) "Referral" means a written or telecommunicated authorization for genetic counseling services from a physician licensed to practice medicine in all its branches or a physician assistant, or an advanced practice registered nurse who has an agreement and signed protocols with a supervising physician that authorizes referrals to a genetic counselor; and

SECTION 6. Tennessee Code Annotated, Section 63-19-102, is amended by deleting the section and substituting:

As used in this part:

(1) "Board" means the board of physician assistants, created by § 63-19-103;

(2) "Endorsement" means a certification issued by the board upon a physician assistant showing proof to the board that confirms that the physician assistant has attained a minimum of six thousand (6,000) hours of postgraduate clinical experience;

(3) "HIPAA-compliant" means that the entity has implemented technical policies and procedures for electronic information systems that meet the requirements of 45 C.F.R. § 164.312;

(4) "Orthopedic physician assistant" (OPA-C) means a person who renders service in collaboration with a licensed orthopedic physician or surgeon

and who has been licensed by the board pursuant to this chapter as an orthopedic physician assistant;

(5) "Physician" means a person lawfully licensed to practice medicine and surgery pursuant to chapter 6 of this title, osteopathic medicine pursuant to chapter 9 of this title, or podiatry pursuant to chapter 3 of this title;

(6) "Physician assistant" means a person licensed to render services, whether diagnostic or therapeutic, that are acts constituting the practice of medicine, osteopathic medicine, or podiatry, and who meets the qualifications of this part; and

(7) "Protocol" means a written document signed by a physician assistant and collaborating physician that describes the manner in which a physician assistant with fewer than six thousand (6,000) hours of postgraduate clinical experience collaborates with a physician.

SECTION 7. Tennessee Code Annotated, Section 63-19-103(a), is amended by deleting the subsection and substituting:

(a)

(1) There is established the board of physician assistants to regulate physician assistants in this state.

(2) The board consists of nine (9) members appointed by the governor as follows:

(A) Seven (7) physician assistants who meet the criteria for licensure as established by this part;

(B) One (1) physician licensed under chapter 6 or chapter 9 of this title; and

(C) One (1) public member who is not licensed under this title.

(3) Each member appointed to the board must be a resident of this state.

SECTION 8. Tennessee Code Annotated, Section 63-19-106, is amended by deleting the section and substituting:

(a) A physician assistant is authorized to treat, diagnose, or prescribe for an ailment or a physical injury to or deformity of another person within the physician assistant's scope of practice for which the physician assistant is trained, credentialed, privileged, or authorized to perform as outlined for services covered in this chapter.

(b) A physician assistant is authorized to perform procedures considered minor surgery to:

(1) Assist a physician who performs surgery;

(2) Perform Level I surgery, as defined by the board of medical examiners by rule; and

(3) Assist a physician who performs procedures considered Level II or Level III office-based surgery as defined in §§ 63-6-221 and 63-9-117, or a more complex procedure, as long as:

(A) The physician assistant has the training and expertise to be able to prevent, recognize, and treat complications of the procedure and to perform the physician assistant's functions related to the procedure; and

(B) The physician assistant engages in such practices in a manner consistent with the privileging and credentialing systems of licensed facilities.

(c)

(1) When a protocol is required under this chapter, the protocol may be in written or electronic form and must include:

(A) The physician assistant's name, license number, and primary practice location;

(B) The collaborating physician's name, license number, medical specialty, and primary practice location;

(C) A general description of the oversight provided by the collaborating physician;

(D) A general description of the physician assistant's process for collaboration with physicians and other members of the healthcare team; and

(E) A description of methods for evaluating the physician assistant's competency, knowledge, and skills.

(2) When practicing pursuant to a protocol, a physician assistant may perform only those tasks that are within the physician assistant's range of skills and competence, that are within the usual scope of practice of the collaborating physician, and that are consistent with the protection of the health and well-being of the patients.

(3) The physician assistant shall maintain the protocol at the physician assistant's practice location and shall make the protocol available upon request by the board of medical examiners, board of osteopathic examination, board of physician assistants, or the authorized agents of such boards.

(d) In addition to the requirements of subdivisions (b)(3)(A) and (B), and subsection (c), the range of services that may be provided by a physician assistant with six thousand (6,000) or fewer hours of postgraduate clinical experience must be set forth in a protocol, jointly developed by the collaborating physician and the physician assistant, and subject to the following:

(1) The protocol must contain a discussion of the problems and conditions likely to be encountered by the physician assistant and the appropriate treatment for such problems and conditions;

(2) The physician assistant shall maintain the protocol at the physician assistant's practice location and shall make the protocol available upon request by the board of medical examiners, board of physician assistants, or the authorized agents of the boards;

(3) A physician assistant with six thousand (6,000) or fewer hours of postgraduate clinical experience may only have an ownership interest in a healthcare setting in this state; provided, it is a minority ownership interest and practice partners are licensed under this title; and

(4) A physician assistant with six thousand (6,000) or fewer hours of postgraduate clinical experience who changes practice settings to a different medical specialty must collaborate with a specific physician in that medical specialty for a minimum of six (6) months or until the physician assistant surpasses the six-thousand-hour threshold.

(e) After practicing for a minimum of six thousand (6,000) or more hours of postgraduate clinical experience, a physician assistant may apply to the board for an endorsement on the physician assistant's license. Upon showing proof to the board that the physician assistant has attained a minimum of six thousand (6,000) hours of postgraduate clinical experience, then the physician assistant may practice without a written protocol or collaborating physician, subject to the following:

(1) The physician assistant has the requisite competence, education, training, and experience to provide medical services;

(2) The physician assistant only provides healthcare services for which the physician assistant has been educated, credentialed, privileged, or authorized to perform;

(3) If the physician assistant changes to a different medical specialty, then the practice employer or facility medical staff must determine the necessary training and oversight to ensure competency, knowledge, and skills in that

medical specialty. This subdivision (e)(3) does not prevent a facility or healthcare setting from requiring a physician assistant practicing within the facility or healthcare setting to practice pursuant to protocols; and

(4) The physician assistant collaborates with, consults with, and refers to the appropriate members of the healthcare team as indicated by the patient's condition, the education, experience, and competencies of the physician assistant, and the applicable standard of care.

(f) If a physician assistant has a majority ownership stake in a healthcare practice, then the practice must have arrangements with physicians, hospital systems, or physician groups in the community that are willing to consult with or accept patients from a physician assistant when the patient presents with problems or conditions outside of the physician assistant's education, experience, or scope of practice, or when a patient requires hospitalization.

(g) A physician assistant may render emergency medical service in cases where immediate diagnosis and treatment are necessary to avoid disability or death.

(h) Rules that purport to regulate the collaboration of physician assistants with physicians must be jointly adopted by the board of medical examiners and the board of physician assistants. Any existing rules that purport to regulate the collaboration of physician assistants with physicians on the effective date of this act remain in effect unless and until such rules are amended.

(i) A physician assistant practicing in collaboration with a licensed podiatrist:

(1) Shall not provide services that are outside of the scope of practice of a podiatrist as set forth in § 63-3-101;

(2) Shall comply with the requirements of, and rules adopted pursuant to, this section and § 63-19-107 governing the collaboration with a physician assistant; and

(3) May prescribe only drugs that are rational to the practice of podiatry.

(j) Except as authorized in part 2 of this chapter, a physician assistant shall not:

(1) Utilize a board-certified medical specialty designation in the physician assistant's title or title reference;

(2) Advertise as board-certified in a medical specialty;

(3) Claim board certification in a medical specialty when credentialing with any licensed healthcare facility or health insurance entity; or

(4) Claim board certification in a medical specialty when applying for insurance for healthcare liability coverage.

SECTION 9. Tennessee Code Annotated, Section 63-19-107, is amended by deleting the section and substituting:

(a) When a protocol is required under this chapter, more than one (1) physician may collaborate with the same physician assistant; provided, that alternate collaborating physicians are available to collaborate with the physician assistant in the absence or unavailability of the primary collaborating physician. Each physician assistant shall notify the board of the name, address, and license number of the physician assistant's primary collaborating physician and shall notify the board of a change in the primary collaborating physician within fifteen (15) days of the change, when applicable. The number of physician assistants for whom a physician may serve as the collaborating physician is determined by the physician at the practice level, consistent with good medical practice. The collaborating physician shall designate one (1) or more alternate physicians who have agreed to accept the responsibility of collaborating with the physician assistant on a prearranged basis in the collaborating physician's absence.

(b) Pursuant to § 63-19-106(d) and (e), each physician assistant shall notify the board of the name and address of the physician assistant's primary practice location and shall notify the board within fifteen (15) days of a practice location change.

(c) A physician assistant who has an endorsement by the board certifying that the physician assistant has attained a minimum of six thousand (6,000) hours of



postgraduate clinical experience and may practice without a collaborating physician may prescribe, dispense, order, administer, and procure appropriate medical devices, legend drugs, and controlled substances that are within the physician assistant's scope of practice, experience, and training, if the physician assistant has registered and complied with all applicable requirements of state law and rules and the federal drug enforcement administration.

(d) A physician assistant may plan and initiate a therapeutic regimen that includes ordering and prescribing non-pharmacological interventions. Such interventions include, but are not limited to, durable medical equipment, nutrition, blood and blood products, and diagnostic support services that include, but are not limited to, home health care, hospice, and physical and occupational therapy.

(e) A physician assistant shall not prescribe Schedules II, III, and IV controlled substances unless the prescription is indicated by the condition of the patient and the applicable standard of care.

(f) A physician assistant may only prescribe or issue a Schedule II or Schedule III opioid for a maximum of a nonrefillable, thirty-day course of treatment. This subsection (f) does not apply to prescriptions issued in a hospital, a nursing home licensed under title 68, or inpatient facilities licensed under title 33.

(g) The board shall monitor the prescriptive practices of the physician assistant through site visits by members of the board or authorized agents of the board.

(h) Complaints against physician assistants must be reported to the division of health related boards.

(i)

(1) Every prescription order issued by a physician assistant pursuant to this section must be entered in the medical records of the patient and must be written on a preprinted prescription pad bearing the name, address, and telephone number of the physician assistant, and if protocols are required by this

part, the collaborating physician. The physician assistant shall sign each prescription order so written.

(2) A handwritten prescription order for a drug prepared by a physician assistant who is authorized by law to prescribe a drug must be legible so that it is comprehensible by the pharmacist who fills the prescription. The handwritten prescription order must contain the name of the prescribing physician assistant, the name and strength of the drug prescribed, the quantity of the drug prescribed, handwritten in letters or in numerals, instructions for the proper use of the drug, and the month and day that the prescription order was issued, recorded in letters or in numerals or a combination thereof. The prescribing physician assistant shall sign the handwritten prescription order on the day it is issued, unless it is a standing order issued in a hospital, a nursing home, or an assisted care living facility as defined in § 68-11-201.

(3) A typed or computer-generated prescription order for a drug issued by a physician assistant who is authorized by law to prescribe a drug must be legible so that it is comprehensible by the pharmacist who fills the prescription order. The typed or computer-generated prescription order must contain the name of the prescribing physician assistant, the name and strength of the drug prescribed, the quantity of the drug prescribed, recorded in letters or in numerals, instructions for the proper use of the drug, and the month and day that the typed or computer-generated prescription order was issued, recorded in letters or in numerals or a combination thereof. The prescribing physician assistant shall sign the typed or computer-generated prescription order on the day it is issued, unless it is a standing order issued in a hospital, nursing home, or an assisted care living facility as defined in § 68-11-201.

(4) This section does not prevent a physician assistant from issuing a verbal prescription order.

(5)

(A) Handwritten, typed, or computer-generated prescription orders must be issued on either tamper-resistant prescription paper or printed utilizing a technology that results in a tamper-resistant prescription that meets the current centers for medicare and medicaid services' guidance to state medicaid directors regarding § 7002(b) of the federal United States Troop Readiness, Veterans' Care, Katrina Recovery, and Iraq Accountability Appropriations Act of 2007 (P.L. 110-28), and meets or exceeds specific TennCare requirements for tamper-resistant prescriptions.

(B) Subdivision (i)(5)(A) does not apply to prescriptions written for inpatients of a hospital; outpatients of a hospital where the person authorized to write prescriptions writes the order into the hospital medical record and then the order is given directly to the hospital pharmacy and the patient never has the opportunity to handle the written order; residents of a nursing home or an assisted-care living facility as defined in § 68-11-201; inpatients or residents of a mental health hospital or residential facility licensed under title 33; or individuals incarcerated in a local, state, or federal correctional facility.

(j) A physician assistant who provides services in a free or reduced fee clinic under the Volunteer Health Care Services Act, compiled in chapter 6, part 7 of this title, may arrange for required personal review of the physician assistant's charts by a collaborating physician in the office or practice site of the physician or remotely via HIPAA-compliant electronic means rather than at the site of the clinic.

(k) A physician assistant who provides services in a community mental health center as defined in § 33-1-101 or federally qualified health center as defined in § 63-10-601, may arrange for the required personal review of the physician assistant's charts by

a collaborating physician, with the same authority to render prescriptive services that the physician assistant is authorized to render, in the office or practice site of the physician, or the required visit by a collaborating physician to a remote site, or both, via HIPAA-compliant electronic means rather than at the site of the clinic.

(l) Except as provided in subsections (j) and (k):

(1) A physician assistant who provides services at a site remote from the physician assistant's collaborating physician's practice site, may arrange for the required personal review of the physician assistant's charts by a collaborating physician either via HIPAA-compliant electronic means or in person; and

(2) A physician assistant may arrange for up to ten (10) of the required annual remote site visits by a collaborating physician by HIPAA-compliant electronic means rather than at the site of the clinic. All other required site visits by a collaborating physician to a remote site must take place in person at the site of the clinic. As used in this subdivision (l)(2), "annual" means a rolling twelve-month period.

(m) A patient receiving services from a physician assistant must be fully informed that the individual is a physician assistant or a sign must be conspicuously placed within the office indicating that certain services may be rendered by a physician assistant.

(n) A physician who does not normally provide patient care shall not collaborate with or utilize the services of a physician assistant.

(o)

(1) A physician assistant shall only perform invasive procedures involving a portion of the spine, spinal cord, sympathetic nerves of the spine, or block of major peripheral nerves of the spine in a setting licensed under title 68, chapter 11, under the direct supervision of a Tennessee physician licensed pursuant to chapter 6 or 9 of this title who is actively practicing spinal injections and has

current privileges to do so at a facility licensed pursuant to title 68, chapter 11.

The direct supervision provided by a physician in this subdivision (o)(1) must only be offered by a physician who meets the qualifications established in § 63-6-244(a)(1) or (a)(3), or § 63-9-121(a)(1) or (a)(3). As used in this subdivision (o)(1), "direct supervision" means being physically present in the same building as the physician assistant at the time the invasive procedure is performed.

(2) This subsection (o) does not apply to a physician assistant performing major joint injections except sacroiliac injections, or to performing soft tissue injections or epidurals for surgical anesthesia or labor analgesia in unlicensed settings.

(p) A physician assistant who practices in a pain management clinic, as defined in § 63-1-301, shall comply with title 63, chapter 1, part 3.

(q) A physician assistant who is otherwise permitted to prescribe Schedule II or III controlled substances shall not prescribe any buprenorphine products for the treatment of opioid use disorder unless the physician assistant complies with § 53-11-311(c)(2).

SECTION 10. Tennessee Code Annotated, Title 63, Chapter 19, Part 1, is amended by adding the following language as a new section:

A physician assistant who complies with this chapter does not violate § 63-6-204(b) or § 63-9-113.

SECTION 11. Tennessee Code Annotated, Section 63-32-105(a)(19), is amended by deleting the subdivision.

SECTION 12. Tennessee Code Annotated, Section 68-3-512, is amended by deleting the section and substituting the following:

The determination and pronouncement of death may be made by a physician assistant licensed under title 63, chapter 19, part 1.

SECTION 13. Tennessee Code Annotated, Section 68-10-104(c)(2), is amended by deleting "with an appropriate supervising physician".

SECTION 14. Tennessee Code Annotated, Section 68-11-224(c), is amended by deleting the language "A POST may be issued by" and substituting "Except as provided in subsection (l), a POST may be issued by".

SECTION 15. Tennessee Code Annotated, Section 68-11-224, is amended by adding the following as a new subsection:

(l) A physician assistant who is not required to practice with a protocol may issue a POST without such authority being included in a protocol, as long as the physician assistant complies with the remaining requirements of this section.

SECTION 16. Tennessee Code Annotated, Section 68-55-501(3) is amended by deleting the subdivision and substituting:

(3) "Health care provider" means a Tennessee licensed medical doctor (M.D.), osteopathic physician (D.O.), clinical neuropsychologist with concussion training, or physician assistant (P.A.) with concussion training;

SECTION 17. The board of physician assistants is authorized to promulgate rules to effectuate this act. The rules may be promulgated as emergency rules pursuant to Tennessee Code Annotated, § 4-5-208(a)(5). All rules must be promulgated in accordance with the Uniform Administrative Procedures Act, compiled in Tennessee Code Annotated, Title 4, Chapter 5.

SECTION 18. For purposes of establishing the board and promulgating rules, this act takes effect upon becoming a law, the public welfare requiring it. For all other purposes, this act takes effect January 1, 2024, the public welfare requiring it.